



# PARKWISE PROGRAM APPLICATION

## Renewal Permit Application

### Office Use Only

Permit Numbers:

   

Issue Date:

Neighborhood

VP Original Date:

Initials:

**INSTRUCTIONS:** Please complete the entire application with accurate information. Each applicant must sign this form. Proof of residence is required (copy of current lease along with a utility bill, bank statement, a current vehicle registration or a valid driver's license). If you have any questions, please call the ParkWise/TEAM Office at 791-5071.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Tucson, AZ 857 \_\_\_\_\_ Phone # \_\_\_\_\_

- ☐ I am requesting \_\_\_\_\_ Residential Parking Permit renewal(s) (\$2.50 each)
- ☐ I am requesting one visitor pass (free)  
(There is no charge for initial permit. Limit 1 per household)
- ☐ I am requesting a replacement visitors parking permit (\$2.50)
- ☐ I am returning my original visitors permit for a replacement at no additional charge.

*\*Visitor permits do not apply to the Meter Exemption Programs\**

### PERMIT #1

Applicant: All vehicle information is required. A permit cannot be issued if any information is left blank.

### VEHICLE INFORMATION

PERMIT# \_\_\_\_\_

Name on Vehicle's Registration: \_\_\_\_\_

License Plate: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

**PERMIT #2**

**VEHICLE INFORMATION**

**PERMIT#** \_\_\_\_\_

**Name on Vehicle's Registration** \_\_\_\_\_

**License Plate** \_\_\_\_\_ **State:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**PERMIT #3**

**VEHICLE INFORMATION**

**PERMIT#** \_\_\_\_\_

**Name on Vehicle's Registration:** \_\_\_\_\_

**License Plate:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

**PERMIT #4**

**VEHICLE INFORMATION**

**PERMIT#** \_\_\_\_\_

**Name on Vehicle's Registration** \_\_\_\_\_

**License Plate** \_\_\_\_\_ **State:** \_\_\_\_\_

**Year:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Color:** \_\_\_\_\_

*Please make your check or money order payable to: CITY OF TUCSON*

**Total Amount Enclosed: \$** \_\_\_\_\_

**DO NOT MAIL CASH**

*I/We understand that the City of Tucson can check any of the information on this application to insure that I/We meet the requirements of the Residential Parking Permit Program. All the information on this application is true and accurate.*

*Please return this application with the correct fee in the return envelope provided as soon as possible.  
Mail to: ParkWise/TEAM- P.O. Box 27210-Tucson, Arizona 85726-7210*

**APPLICANT SIGNATURE**

**DATE**